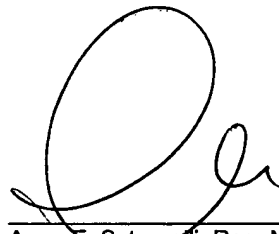
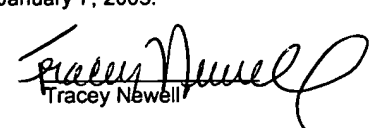


2667
Ifw

| AMENDMENT TRANSMITTAL LETTER | | | | Docket Number EMS-01501 | | |
|---|---|------------------------------|---|---|---------|-------|
| Application Number 09/814,642 | Filing Date March 22, 2001 | Examiner Christopher Grey | Group Art Unit 2667 | | | |
| Invention Title MULTIPATH MULTIHOP REMOTE DATA FACILITY | | | | | | |
| TO THE COMMISSIONER FOR PATENTS | | | | | | |
| Transmitted herewith is an amendment in the above-identified application, including: | | | | | | |
| <input checked="" type="checkbox"/> (X) Amendment and Response <input checked="" type="checkbox"/> (X) Return Postcard | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | (1) | | (2) | (3) | | |
| | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE | FEE |
| TOTAL CLAIMS | 91 | | 76 | 15 | x \$ 50 | \$750 |
| INDEPENDENT CLAIMS | 7 | Minus | 7 | 0 | x \$200 | \$ |
| MULTIPLE DEPENDENT CLAIM ADDED | | | | | \$360 | \$ |
| | | | | | TOTAL | \$750 |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | SMALL ENTITY TOTAL | | \$ |
| <p>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20." *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.</p> <p>() Please charge Deposit Account Number 03-1721 in the amount of \$_____. A duplicate copy of this sheet is enclosed.</p> <p>(X) A check in the amount of \$750.00 to cover the filing fee is enclosed.</p> <p>(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 03-1721.</p> | | | | | | |
|  Anne E. Saturnelli, Reg. No. 41,290 January 7, 2005 Date | | | | <div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 7, 2005.</p> Tracey Newell</div> | | |

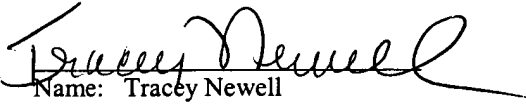


IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | | |
|-------------|---|---|----------------------------|
| Applicant: | Jeremy J. O'Hare, et al. | : | |
| Serial No.: | 09/814,642 | : | Examiner: Christopher Grey |
| Filed: | March 22, 2001 | : | Art Unit: 2667 |
| For: | MULTIPATH MULTI HOP REMOTE DATA FACILITY | : | Atty. Docket: EMS-01501 |

Certificate of Mailing

I hereby certify that the foregoing document is being deposited with the United States Postal Service, postage prepaid, first class mail, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on January 7, 2005.

(

Name: Tracey Newell

AMENDMENT AND RESPONSE

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is being provided in response to the Office Action dated November 9, 2004,
for the above-captioned U.S. patent application.

Amendments to the Claims are reflected in the listing of claims which begin on **Page 3**
of this paper.

Remarks/Arguments begin on **Page 27** of this paper.

01/12/2005 ZJU HAR1 00000016 09814642

01 FC:1202 750.00 0P

It is not believed that extensions of time or fees for net addition of claims are required, beyond those which may otherwise be provided for in documents accompanying this paper. However, in the event that additional extensions of time are necessary, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required for consideration of this paper (including fees for net addition of claims) are authorized to be charged in two originally-executed copies of an Amendment Transmittal Letter filed herewith.